



# State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 09/16/2015

Business ID: 659960

William M. Gardner

Secretary of State

G. LILY SKIN CARE, LLC

5 DEWEY STREET

EXETER, NH 03833

ENTITY TYPE: LLC

BUSINESS ID: 659960

STATE OF DOMICILE: NEW HAMPSHIRE

CLINICAL SKIN CARE

## ADDRESS OF PRINCIPAL OFFICE:

1 COURT ST

EXETER, NH 03833

## REGISTERED AGENT AND OFFICE:

VENCI, GEORGE F, JR ESQ

155 FLEET STREET

PORTSMOUTH, NH 03801

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. Tania K. Albert

STREET 1 Court Street

CITY/STATE/ZIP Exeter Nh 03833

MANA. Tania K. Albert

STREET 1 Court Street

CITY/STATE/ZIP Exeter Nh 03833

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by the manager, if no manager, must be signed by a member.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Tania Kennedy Albert

Please print name and title of signer: Tania Kennedy Albert

NAME

/ AUTHORIZED PARTY

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire  
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM  
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T1526055012

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